| AMENDMENT TRANSMITTAL LETTER (Large Entity) Applicant(s): | | | | | | Docket No. 19246 | | |
|---|------------------|----------------|--------|--|-------|---------------------|------------------|--|
| Application No. | Filing Date | Examiner | | Customer N | 10. C | Group Art Unit | Confirmation No. | |
| 10/553,580 | June 5, 2006 | Roberto Velez | | 23389 | | 2829 | 1492 | |
| Invention: INSPECTION PROBE | | | | 20007 | | 2027 | 1472 | |
| | | | | | | | | |
| COMMISSIONER FOR PATENTS: | | | | | | | | |
| Transmitted herewith is an amendment in the above-identified application. | | | | | | | | |
| The fee has been calculated and is transmitted as shown below. | | | | | | | | |
| CLAIMS AS AMENDED | | | | | | | | |
| | CLAIMS REMAINING | HIGHEST# | NUMBE | MBER EXTRA | | DATE | ADDITIONAL | |
| | AFTER AMENDMENT | PREV. PAID FOR | CLAIMS | PRESENT | | RATE | FEE | |
| TOTAL CLAIMS | 20 - | 20 = | | 0 | х | \$50.00 | \$0.00 | |
| INDEP. CLAIMS | 1 - | 3 = | | 0 | х | \$210.00 | \$0.00 | |
| Multiple Dependent Claims (check if applicable) | | | | | | | \$0.00 | |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT | | | | | | MENT | \$0.00 | |
| No additional fee is required for amendment. Please charge Deposit Account No. in the amount of A check in the amount of to cover the filing fee is enclosed. The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 19-1013/SSMP Any additional filing fees required under 37 C.F.R. 1.16. Any patent application processing fees under 37 CFR 1.17. Payment by credit card. Form PTO-2038. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. Dated: October 26, 2007 Dated: October 26, 2007 Paul J. Esatto, Jr. Registration No.: 30,749 Scully, Scott, Murphy & Presser, P.C. 400 Garden City Plaza, Suite 300 Garden City Plaza, Suite 300 Garden City, New York 11530 (516) 742-4343 PJE/HC:me | | | | | | | | |
| | | | | Signature of Person Mailing Correspondence | | | | |
| cc: | | | | Typed or Printed Name of Person Mailing Correspondence | | | | |